

2020-2024 Health Care Oversight and Coordination Plan Annual Update 2023

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.

The Health Care Oversight and Coordination Plan must include an outline of all of the items listed below, enumerated in statute at section 422(b)(15)(A)(i)-(vii) of the Act:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home;
3. How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record;
4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;
5. The oversight of prescription medications, including protocols for the appropriate use and monitoring of psychotropic medications;
6. How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;
7. The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and
8. Steps to ensure the components of the transition plan development process required in the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

Health Care Oversight and Coordination Plan

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In the 2024 APSR:

- Describe the progress and accomplishments in implementing the state's Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care.
- Indicate in the 2024 APSR if there are any changes or additions needed to the plan, including any changes informed by the state's experience during the public health emergency. In a separate document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.

1. Schedule for Initial and Follow-Up Health Screenings

Each child entering foster care should receive an initial health examination within twenty-four (24) hours to identify any immediate health care needs and a Full Healthy Children and Youth (HCY) examination within thirty (30) days. The resource providers are required to obtain a medical examination (initial health examination or HCY) for the child/youth immediately following initial placement and at least annually thereafter in cooperation with Children's Division case manager.

When possible, the initial health examination should be completed by the current primary care physician as they are already familiar with the child/youth's medical history. The case manager should receive documentation from the resource provider of the results of the examination and ensure compliance with any recommended follow-up treatments and/or interventions.

In addition to the resource provider and case managers, the Children's Division has a Memorandum of Agreement with Children's Mercy hospital for initial health examination services. The Children's Division provides a list of children/youth entering foster care in Jackson, Clay and Platte County to Children's Mercy staff. The staff contact the resource providers and provide a list of available medical providers who can perform the initial health examination.

An initial health examination may be considered a Full HCY exam if the initial health examination contains a review of all sections within the HCY examination. The medical homes conduct initial health and HCY examinations for a specific child/youth population.

2. Monitoring and Treating Identified Health Needs, Including Emotional Trauma

Family and Resource Parent Engagement / Information Exchange

The Children's Division staff collect, monitor, track, and discuss the child/youth's health care needs with their Family Support Team (FST) members. The assigned case manager is required to gather information about the child/youth with the Child/Family Health and Developmental Assessment (CW-103), Health Care Information Summary (CD-264) and Monthly Medical Log (CD-265) documents. Staff use the CW-103 to request current and historical health information from the parent(s). The assigned case manager can assist the parent(s) with completing of the CW-103, if needed. The CD-264 contains information about the child's current health care providers, medications, chronic/reoccurring health conditions, allergies, etc. These forms are required to be provided to the resource provider within specified timeframes. The resource provider completes the CD-265 log and provides this to the assigned case manager each month. This form contains information about physician/therapist visits, upcoming appointments, and medical events.

Integrated Health Care Plans

In 2022, the state Medicaid agency (MO HealthNet Division) decided to move to a sole source managed care plan contract for all children/youth receiving Medicaid eligibility through the Children's Division. This included: children/youth in legal custody and out-of-home placement, children covered under an adoption or legal guardianship subsidy, and former foster care youth who qualify for extended coverage to age 26.

The sole source managed care plan contract was awarded to Home State Health, a subsidiary of the Centene Corporation. Home State Health also was awarded a general plan contract, so to differentiate the two Missouri plans, MO HealthNet branded the specialty plan as Show Me Healthy Kids (SMHK), managed Home State Health. The specialty plan managed care contract went into effect July 1, 2022.

Each child enrolled in the SMHK specialty managed care plan is assigned a Care Manager who is a member of the Care Management Team. This Team conducts early and ongoing physical, behavioral, emotional, and developmental health assessments for each child/youth, including assessments for social determinants of health needs. These assessments, in addition to the child/youth's other health care and service treatment plans, are used to develop the child/youth specific integrated and comprehensive care plan.

The SMHK Care Manager monitors the care plan every quarter to ensure the child/youth is receiving services listed in the plan. The Care Manager works with the Care Management Team members, resource family, and Children's Division case manager to discuss services and identify any gaps in care to revise the plan.

3. Updating and Appropriately Sharing Medical Information, which may Include Developing and Implementing an Electronic Health Record

A service within SMHK's specialty plan is the Health Passport (Passport). The Passport retrieves clinical and claims data from both internal and external systems and exports the information into a format that allows providers to load a specialty plan member's health/medical record directly into that provider's Electronic Health Record (EHR) system. The Passport provides shared access to a member's health/medical information through secure web portals. The information contained within the member's Passport is accessible to providers, specific Children's Division and Home State Health staff.

Also, the Children's Division continued to pilot the Oracle/Cerner's HealtheIntent platform (foster care registry/longitudinal records) in selected counties and explored options for expansion of the platform.

4. Steps to Ensure Continuity of Health Care Services, which may Include Establishing a Medical Home

Single Source Specialty Managed Care Plan

The single source specialty managed care plan contract with SMHK went into effect July 1, 2022. The specialty plan includes behavioral health benefits, which have historically been carved out of managed care and covered by fee-for-service, health care oversight, and coordination for children/youth in care. With the exception of pharmacy, all health benefits are covered under the specialty plan and all service providers are in the same network. This approach presents the best case scenario for ensuring continuity of health care services. The SMHK's Care Management program integrates the child/youth's health and service treatment plans into a child-centric and trauma-informed care plan with goals and strategies to achieve optimum health outcomes. Care Management supports include discharge planning, age-related transition planning, tracking health and service referrals, identifying and closing care gaps, ensuring outpatient services and pharmacy needs following discharge are in place, and participation in FST meetings for new entries into care to allow for early intervention and planning.

Additionally, the specialty plan contract requires SMHK to contract with the two medical homes that were previously contracted with Children's Division.

Medical Homes

The medical homes contracts between Children's Division, SSM Health Cardinal Glennon and Washington University have expired; however, as mentioned earlier they are now contracted with SMHK as part of the specialty plan.

SSM Health Cardinal Glennon continues to operate the Foster Healthy Children (FHC) program for children under twelve (12) years of age. The program assist with providing initial and HCY examinations for all children entering foster care to ensure that immediate medical needs are met. The Washington University administers the Supporting Positive Opportunities with Teens (SPOT) program. The SPOT operates a center serving at risk youth with a range of services to address the health, social support, and prevention needs of youth and conducts initial and HCY examinations.

Psychotropic Medications Monitoring Training

The Children's Division collaborates with other children/youth foster care professionals and academicians to develop and deliver annual in-service trainings for Children's Division case managers and licensed resource providers. The annual in-service trainings are required to address psychotropic medications, including on any new relevant developments, policies, and practices, related to psychotropic medications. The topics for the annual in-service trainings for 2022 were "Psychotropic Medication Refresher Course 2022" for Children's Division case managers and "Understanding and Managing Trauma Symptoms without Medication" for licensed resource providers.

Along with the annual in-service trainings, the Children's Division and University of Missouri, Department of Psychiatry, Center for Excellence in CHILD Well-being (The Center), collaborated to develop two interactive webinars in 2022. The topics of the webinars were "Problematic Feeding Behaviors and Metabolic Effects of Psychotropics" and the "Psychotropic Medication for Youth in Foster Care." The webinars were focused on psychotropic medications and the primary audience were individuals in the community providing welfare services to children/youth in Missouri.

5. Oversight of Prescription Medications, Including Protocols for the Appropriate Use and Monitoring of Psychotropic Medications

Psychotropic Medication Advisory Committee

The Psychotropic Medication Advisory Committee (PMAC) has met each quarter in 2022. The PMAC has provided updates from the clinical sub-committee of the PMAC on maximum dosages of psychotropic medications and from the education and collaboration sub-committee on interactive webinars. Children's Division has provided updates on the SMHK specialty plan, Automatic Reviews of a child/youth's (in foster care) psychotropic medications regimen, and various reports regarding the current status of Children's Division efforts to establish a medical records system. At the end of the year, the PMAC chair asked PMAC members to summarize some of the continued challenges that have been discussed during the 2022 PMAC meetings. Based on the results of these discussions the established PMAC goals for 2023 were to increase education and communication opportunities in the community for prescribers, attorneys, judges, and the creation of a centralized health information system.

Each year the PMAC is required to prepare an annual report on the work of the PMAC and the progress of Children's Division and MO HealthNet Division in implementing any PMAC related goals. The PMAC annual report for 2022 has been provided to the Acting Director of the Department of Social Services and posted on the Department of Social Services website.

Clinical Sub-Committee

The clinical sub-committee of the PMAC developed the Excessive Dosage Guidelines (EDG) and it has been in effect since 2020. The clinical sub-committee members continue to review and collaborate with the University of Missouri Kansas City's pharmacy department to update the EDG on an annual basis. The reviews include an evaluation of advancements in medical science, the development of new medications, changing clinical practice, and psychotropic medication(s) that do not have FDA-approved pediatric or adult dosage guidelines or is prescribed for an "off-label" use. The EDG has been updated for 2022 and published on the Department of Social Services website.

The Statewide Clinical Consultant

The Center continues to perform the functions of the Statewide Clinical Consultant by providing several types of psychotropic medication reviews. A review can be initiated when the prescription/administration of a psychotropic medication meets specific criteria, i.e., prescription/use of three or more psychotropic medications for 90 days or more; multiple prescribers, etc., or there is a request to review a psychotropic medication regimen. Also, these reviews are performed on a quarterly basis. The Center utilizes data from the Care Management Technologies *Population Performance* database to determine psychotropic medication prescription/use for children/youth in foster care.

Heightened Trauma Awareness for Resource Parents

In working toward becoming a trauma-informed organization, Children's Division is training resource parents on the National Child Traumatic Stress Network's Resource Parent Curriculum (RPC) *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*. This training highlights awareness and gives support to resource parents identifying that there are non-pharmacological interventions to explore prior to seeking pharmacological interventions to address a child's behaviors. The new informed consent policy implemented in September 2018 requires that before a child is evaluated for psychotropic medication, they or their caregivers must first have attempted non-pharmacological interventions. Should these interventions prove ineffective or insufficient, the child may be recommended for a psychiatric evaluation if referred by a mental health professional.

This policy revision reinforces the need to strengthen resource parents' readiness to meet the unique needs of children in foster care. The eight-week RPC workshop prepares resource parents to understand how trauma affects children so resource parents, in turn, are more skilled and effective in addressing behavioral symptoms in the home. Understanding behaviors are not always symptoms of underlying mental health disorders can impact the tendency to seek pharmacological interventions. Although the goal is to train all current and newly licensed resource parents on the RPC curriculum, there is an insufficient number of facilitators statewide to develop a training plan or timeline for completion.

The Division has partnered with Missouri's Foster and Adoptive Care Coalition to continue to provide train-the-trainer sessions to staff and co-trainers to build capacity and opportunities for training of resource parents. During the 2021-2022 fiscal year, FACC trained over 48 individuals to teach the RPC Curriculum. Those individuals consisted of current Resource Parents and staff.

In addition to the RPC Curriculum, the Children's Division has partnered with Jordan Valley Community Health Center to offer a piloted trauma-informed evidence-based curriculum for resource parents. This 8-hour training has been offered twice in the Greene County area and has received positive feedback from resource parents. The goal is to turn the curriculum over to the Children's Division to make available statewide.

6. Consulting with and Involving Physicians or Other Appropriate Medical or Non-Medical Professionals in Assessing the Health and Well-Being of Children and in Determining Appropriate Medical Treatment

Health Care Oversight and Coordination Committee

The Health Care Oversight and Coordination Committee (HCCC) has met quarterly in 2022. During the meetings the primary topics of discussion were: the Extension for Community Healthcare Outcomes (ECHO) learning model, the Behavioral Health Workgroup, and medical homes updates. ECHO is a technology based learning model used to share resources and best practices with professionals in rural and underserved areas. Children's Division and HCCC members are participants in the ECHO discussions. The goals of the Behavioral Health Workgroup for 2022 have been to increase and improve Intensive In-home Services program training, bolster evidence based assessment training for qualified mental health professionals, and bridge services between residential treatment centers and primary care physicians for foster care. Each medical home representative provides an update on current events related to services provided to their specific populations and examinations within their respective programs. The HCCC members have expressed a desire to assist in the development of a web-based health information system that could provide near real-time updates to a medical record.

7. Procedures and Protocols Established to Ensure Children are not Inappropriately Diagnosed (Family First Prevention Services Act) FFPSA)

The Missouri Department of Social Services implemented the Family First Prevention Services Act (FFPSA) in October 2021. Children's Division received \$10 million in federal funding from the Family First Transition Act to help with the initial planning and implementation of FFPSA. The goals are to:

- Work with court partners and placement providers around legislative changes involving required court findings, youth assessments, and quality placements
- Assess current evidence-based prevention services to identify opportunities to expand and better meet the needs of Missouri children and families
- Review state funding and federal reimbursement for prevention services, federal claim and reporting requirements, statutory changes, and child welfare data trends

Children's Division has a statewide advisory team and regional teams to focus on assessing local data and service needs specific to their area.

Each child's diagnoses are listed in FACES and reviewed by the assigned case manager. If there is a question and/or concern about the accuracy of a diagnosis the assigned case manager can initiate a referral to The Center and indicate the reason for the referral. The Center will provide their findings and recommendations to assigned case manager who will be required to follow-up with the child's health care provider.

8. Health Care Transition Planning for Youth Aging Out of Foster Care

In Missouri, the Older Youth Program, also known as the Chafee Foster Care Program for Successful Transition to Adulthood, offers services and financial help to anyone between the ages of 14 and 23 who are either currently in Children's Division custody or were at one time. A service within the Chafee Foster Care Program is the Transitional Living Program. This program can provide the youth a place to live and help work towards independence if there is not a goal for reunification, adoption, or legal guardianship. A primary service within the program is the transitional living plan which is based on the youth's particular needs. The transitional plan includes:

- Transitional living arrangements (Group Homes or Single/Scattered Site Apartments)
- Attending school
- Getting and keeping a job

- Understanding how to manage your money and pay bills
- Understanding the emotional demands of living on your own

The services for youth participating in the program are provided as:

- Structured - Support is available 24 hours a day and a visit from a program representative at least every 3 days or
- Unstructured - Support is offered upon request. If the youth request support there will be a visit from a program representative at least once per week and at least once a month at an apartment.